

Group Class Registration Form

New Mexico School of Music

Student's Name _____ Age _____ Date of Birth _____

Class for which Student is registering _____ Day/Time _____ Location: NE SE

BILLING INFORMATION:

Name _____ Relationship to student _____
(as it appears on your check/ credit card)

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

CONTACT INFORMATION:

Parent/Guardian _____ Work Phone _____

Cell Phone _____ E-mail _____

Parent/Guardian _____ Work Phone _____

Cell Phone _____ E-mail _____

Emergency Contact _____ Phone Number(s) _____

Employer (for Adult Students) _____ Title _____

How did you hear about us? (Please circle all that apply) Existing Student ~ Dex Phone Book ~ Driving By
~ Internet ~ NMKids ~ Newsletter ~ School ~ Yellow Book Newspaper Ad/ Article (Name of
Paper) _____ ~ Referral (whom may we thank for the referral?) _____

Group Class Policies:

There are a \$20.00 registration fee for each group class Initial: _____

For students enrolling after the start date, tuition will be pro-rated. Initial: _____

There are no make-ups for group classes missed by students. Initial: _____

A non-refundable class deposit of \$50 must accompany this form. The balance of the fee is required in full,
by the start of the class. There are no refunds for group classes, unless the class is cancelled. Initial: _____

Minimum enrollment for group classes is four (4) students. In the event that a class does not have
sufficient enrollment, the school reserves the right to abbreviate the class or session length accordingly. Initial: _____

I hereby grant permission for the New Mexico School of Music to take pictures of students in class,
and to use these images in the school's promotional materials. Initial: _____

The presence of a parent/guardian is required for Suzuki Violin and all Harmony Road Classes TM. Initial: _____

No food or drink is allowed in classrooms/studios. This includes candy and gum. Initial: _____

If an instructor is unable to attend a scheduled class, the school will either provide a substitute,
or make arrangements for a make-up class. Initial: _____

So that all students in a group class may benefit from the instruction, appropriate student behavior is crucial. As parent/guardian, I
agree to monitor and assist in the appropriate behavior of my child during class when applicable. Initial: _____

I have read and understood the above policies:
(Print Name): _____ Date: _____

Signature: _____ Name of Student: _____

For Office Use Only:

Payment info (circle one): PIF ~DEPOSIT Method: Check ~ Cash ~ Debit ~ Credit

Amount: _____ Check #: _____ CC Type: _____ Notes: _____

Entered: Studio Helper ~ Class Roster Date Rec'd: _____ Staff Init: _____